

Signature:_

WAITING LIST APPLICATION





Please attach a copy of your child's immunisation records from the Australian Standard Vaccination Program. This application WILL NOT BE PROCESSED without proof of immunisation**.

APPLICATION PAYMENT DETAILS

* SA MONTESSORI A Waiting List Fee **must be included** with this application. **DISCOUNTED WAITING LIST FEE CRITERIA:** Waiting List Fees are Non-Refundable. You are eligible for a \$25 Waiting List fee at Little Oxford if any child in your family: Cheques/Money Orders to 'Little Oxford Montessori Preschool' are accepted. Is on the Waiting List at one of our SA Montessori centres and/or, Direct deposit is preferred (please see details below). Currently attends one of our SA Montessori centres and/or, Has previously attended one of our SA Montessori centres. BSB: 035-000 Account Number: 733896 Please specify your connection below to claim your discounted fee: Please use your child's name as the reference & complete details below: Centre Little Chancery Rosemont Cedars Jescott Lilliput Connection Oxford House Lane On Waiting List □ \$75 - Standard Waiting List Fee OR П Current Student П □ \$25 - Discounted Waiting List Fee* (please refer to criteria to the right) Past Student Name/s of child/ren (as per above): Transfer date: ____/___ Receipt No: ___ Payment of the \$75 fee to Little Oxford makes you eligible for the SA Montessori Discounted OFFICE USE ONLY: Fee of \$25 (per centre) when also joining the waiting list of any of our sister centres. Separate Waiting List forms (www.samontessori.com.au) must be completed for each centre of Date of Payment:____/___/ _ Amount Received: \$____ ☐ Checked SC Initials: choice and forwarded (with payment and immunisation) directly to that centre. **CHILD'S DETAILS** Given name/s: Date of birth: / / Gender: Family name: ___ Does your child have additional care needs and/or require medical management? If so, please briefly summarise below: PARENT/GUARDIAN DETAILS _____ Given name/s: _____ Relationship to Child: _____ Family name: ___ Other Phone:

Home Work Mobile Phone: ___ _____ Suburb: _____ Postal Address: Postcode: _____ Email: ____ **ENROLMENT PREFERENCES** Preferred Start Date: Month: Year: 20 Hours of Operation: M-F 8:00 am - 5:30 pm* **Entry Level:** \square Nido (6 m - 12 m) \square Piccolo (12 m – 2 yrs) ☐ Bambini (2 yrs – 3 yrs) ☐ Preschool (3 yrs – school age) *refer to Prospectus for Nido hrs Days of Attendance: ☐ I can be flexible around vacancies available ☐ Full-time (5 days) Specific Days Requested: ____ 2 day minimum for Preschool APPLICATION AGREEMENT I understand that I must apply directly to Centrelink for child I wish to apply for a placement at Little Oxford Montessori Preschool. care entitlements if I intend to claim them. I understand that this application does not guarantee an offer of I have attached a copy of my child's immunisation records placement. (**unless my child is unborn at the time of this application, in which case I agree I accept that SA Montessori reserves the right to prioritise placements to forward these records when they are available). to support families facing exceptional circumstances and/or promote I have included the \$75 Fee (or \$25 Discounted SA Montessori the well-being of the Little Oxford community. Fee). I understand that this fee is non-refundable.

Date: ____/___